



**SUFFOLK COUNTY**  
**ONE-STOP EMPLOYMENT CENTER**  
**at the Suffolk County Department of Labor**



725 Veterans Memorial Highway  
Hauppauge, NY 11788

[www.suffolkcountyny.gov/labor](http://www.suffolkcountyny.gov/labor)  
[sc.dol@suffolkcountyny.gov](mailto:sc.dol@suffolkcountyny.gov)

(631) 853-6526  
Fax (631) 853-6627

**SUMMER YOUTH WORK EXPERIENCE PROGRAM**  
**2009 APPLICATION PACKAGE INSTRUCTIONS**

1. Application pages must be complete and legible. All signatures must be in script and be similar throughout. **Note:** Complete page 1 on the Summer Youth Work Experience Program Application. If you answered yes to question 18 ***please continue***.
2. All applicants must complete the attached Youth Services Application (pages 2 & 3) and the Suffolk County Department of Labor Summer Work Experience Program form (page 4).
3. If you are a foster child, you must provide documentation of your status from your Suffolk County Department of Social Services (DSS) foster care caseworker on their Agency letterhead, and the foster care caseworker must also sign page 3 of the Summer Youth Work Experience Application.
4. W-4 Form must be completed and signed; it must be printed neatly, without white out and with the name as it appears on Social Security card.
5. Two "Applicant/Participant Memoranda of Understanding" are included. Please read, sign both, and retain one for your records.
6. All applicants must have a Social Security card and a copy must be submitted with the application.
7. All applicants who will be under the age of 18 as of July 6, 2009 must submit their original Student Employment Certificate (working card).
8. Applicants who will be age 18 on July 6, 2009 must submit a copy of a photo I.D.
9. All applicants claiming U.S. Citizenship must submit a copy of their Birth Certificate with the application. All applicants who are not citizens must submit a copy of their Alien ID card (both sides).
10. All male applicants age 18, or who will turn 18 prior to August 21, 2009, must document their Selective Service Registration. You can register or receive verification online at [www.sss.gov/](http://www.sss.gov/).
11. A Physical Examination Report for all applicants who will be 18 years of age as of July 6, 2009 must be submitted with the application.
12. Send application to Suffolk County Department of Labor Youth Programs, P.O. Box , 1319, Smithtown, New York 11787-0895

Please Note: All applications must be reviewed and certified as eligible by the Suffolk County Department of Labor.

**REMEMBER - SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE A JOB.** THE SUFFOLK COUNTY DEPARTMENT OF LABOR WILL AUTHORIZE THOSE INDIVIDUALS WHO HAVE BEEN SELECTED FOR PARTICIPATION. Selected youth will be notified by postcard or by their worksite as to when and where to report.

DOL-S161 (3/03)

Auxiliary aids and services available upon request to individuals with disabilities.  
An Equal Opportunity Employer Program

**Robert W. Dow, Jr.**  
Commissioner of Labor

**Steve Levy**  
Suffolk County Executive

**James DiLiberto**  
Workforce Investment Board Chair

**SUFFOLK COUNTY DEPARTMENT OF LABOR**  
**2009 SUMMER YOUTH WORK EXPERIENCE PROGRAM**  
**P.O. Box 1319, Smithtown, NY 11787 (631)-853-6930**  
[www.co.suffolk.ny.us/labor](http://www.co.suffolk.ny.us/labor)

1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. \_\_\_\_ 4. \_\_\_\_/\_\_\_\_/\_\_\_\_  
TODAY'S DATE BIRTHDATE AGE SOCIAL SECURITY NUMBER

5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_ 8. \_\_\_\_  
LAST NAME FIRST NAME MI SEX

9. \_\_\_\_\_  
STREET ADDRESS

10. \_\_\_\_\_ 11. \_\_\_\_\_ 12. \_\_\_\_\_-\_\_\_\_\_  
TOWN STATE ZIP CODE

13. \_\_\_\_\_  
MAILING ADDRESS, *if different*

14. RACE/ETHNIC (CIRCLE ONE)

15. (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ 16. (\_\_\_\_) \_\_\_\_\_-\_\_\_\_  
AREA CODE TELEPHONE # ALTERNATE TELEPHONE  
(FAMILY MEMBER)

17. \_\_\_\_\_  
E-MAIL ADDRESS

WHITE	1
BLACK	2
HISPANIC	3
AMERICAN INDIAN/ ALASKAN NATIONAL	4
ASIAN/PACIFIC ISLAND	5

**18. Are you:**

A youth at least 14 years old and up to the age of 24? ☐ YES ☐ NO

If **yes**, then proceed to complete the application, you may be eligible  
for the Summer Youth Work Experience Program.

Do you have a high school diploma or GED? ☐ YES ☐ NO

Are you currently attending school? ☐ YES ☐ NO Grade completed on 6/30/09 \_\_\_\_\_

Are you a Selective Service Registrant? ☐ YES ☐ NO

Selective Service # \_\_\_\_\_

Are you receiving Unemployment Insurance? ☐ YES ☐ NO

Are you currently employed full-time or part time? ☐ YES ☐ NO

Do you have a driver's license? ☐ YES ☐ NO

In order to be eligible you **MUST** be within the  
following income guidelines.

**Income Standards**

Receive free/reduced school lunch **OR**

Family Size	Monthly Income	Annual Income
1	\$1,805	\$21,660
2	\$2,429	\$29,140
3	\$3,052	\$36,620
4	\$3,675	\$44,100
5	\$4,299	\$51,580
6	\$4,922	\$59,060

For family units with more than six members,  
add \$624 monthly or \$7,480 annually for each  
additional family member.

Please identify any disabilities below:

Deaf	<input type="checkbox"/>
Blind	<input type="checkbox"/>
Extremities	<input type="checkbox"/>
Learning	<input type="checkbox"/>
Internal	<input type="checkbox"/>
Multiple	<input type="checkbox"/>
Other - Explain	

Are you a foster child? ☐ YES ☐ NO

\*An individual with a disability or foster child is  
considered a family of one.

### **Citizen/Non-Citizen Status**

- A. Are you a United States citizen? ☐ YES ☐ NO If not, please complete the following information:

INS Form Number: \_\_\_\_\_

Alien Number: \_\_\_\_\_

### **Income of Family Members**

- A. Do you (the youth applicant) currently receive benefits under one or more of these programs?

FAMILY ASSISTANCE SAFETY NET	MEDICAID	FOOD STAMPS	HEAP	SSI	SCHOOL LUNCH

- B. Tell us about any Income of your family members

Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, stepfather, legal guardian, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. If you are married, you should include your spouse, but do not need to include your parents or siblings.

List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc., received and any other recurring income of a family member. You do not need to include any earned income (wages) received by you or any other family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

### **FAMILY SIZE AND INCOME**

FAMILY HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	INCOME SOURCE WAGES, SOCIAL SECURITY, ETC.	RECEIVED CHECK ONE		
			Yearly	Monthly	Weekly

### **APPLICANT NOTIFICATION AND SIGNATURE**

The individual signing this application may be asked to prove any or all your statements. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security number(s) because any person applying for or receiving federal services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, food stamps), to do a computer match to verify other information on the application, or to verify your alien status.

**By signing this, I am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**If the applicant lives with his or her parents, a parent or other adult relative caretaker must sign this form for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care.**

## SCDOL SUMMER WORK EXPERIENCE PROGRAM

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

CURRENTLY ATTENDING SCHOOL FULL TIME YES ☐ NO ☐ SEQUENCE/MAJOR COURSE OF STUDY \_\_\_\_\_

VOCATIONAL TRAINING COURSES \_\_\_\_\_

**BARRIERS TO EMPLOYMENT:**  
**CHECK THOSE WHICH APPLY**

- ☐ PREGNANT/PARENTING  
☐ RUN-AWAY/HOMELESS  
☐ YOUTH OFFENDER  
☐ LIMITED ENGLISH ABILITY  
☐ SUBSTANCE ABUSER  
☐ HIGH SCHOOL DROPOUT - HIGHEST GRADE COMPLETED \_\_\_\_\_

**SPECIFIC NEEDS TO OVERCOME BARRIERS:**  
**CHECK THOSE WHICH APPLY**

- ☐ CHILDCARE  
☐ FAMILY COUNSELING  
☐ TRANSPORTATION  
☐ ESL TRAINING  
☐ SUBSTANCE ABUSE COUNSELING

- ☐ GED TRAINING  
☐ HEALTH CARE  
☐ HOUSING  
☐ BASIC SKILLS ED.

**GUIDE FOR OCCUPATIONAL EXPLORATION**  
**CHECK AREAS OF INTEREST**

- ☐ ARTISTIC  
☐ SCIENTIFIC  
☐ PLANTS/ANIMALS  
☐ SERVICE TO OTHERS  
☐ PHYSICAL ACTIVITY  
☐ OTHER \_\_\_\_\_

- ☐ MECHANICAL  
☐ INDUSTRIAL  
☐ SELLING

**WHAT ARE YOUR PLANS FOR SEPTEMBER 2009?**

A. ATTEND SCHOOL/COLLEGE ☐ B. ATTEND VOCATIONAL SCHOOL ☐ C. LOOK FOR WORK ☐

**PRIOR WORK HISTORY:** (NOTE ADDITIONAL WORK HISTORY ON BACK OF THIS PAGE)

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

TASKS PERFORMED: \_\_\_\_\_

**PRIOR TANF/WIA TRAINING/WORK EXPERIENCE:**

ACTIVITY: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TASKS PERFORMED: \_\_\_\_\_

**APPLICANT TO COMPLETE:**

WRITE A SHORT PARAGRAPH OUTLINING ANY INFORMAL WORK EXPERIENCE YOU MAY HAVE HAD SUCH AS BABY-SITTING, YARD WORK, ETC.

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\*\*\*\*\*RESERVED FOR SCDOL USE ONLY\*\*\*\*\*

**PARTICIPANT SERVICE PLAN:**

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X

APPLICANT'S SIGNATURE

COUNSELOR'S SIGNATURE

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.


**Section 1. Employee Information and Verification** *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last		First	Middle Initial	Maiden Name
Address (Street Name and Number)			Apt. #	Date of Birth (month/day/year)
City		State	Zip Code	Social Security #
<b>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</b>			I attest, under penalty of perjury, that I am (check one of the following):	
			<input type="checkbox"/> A citizen of the United States <input type="checkbox"/> A noncitizen national of the United States (see instructions) <input type="checkbox"/> A lawful permanent resident (Alien #) _____ <input type="checkbox"/> An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)	
Employee's Signature			Date (month/day/year)	

**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

**Section 2. Employer Review and Verification** *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____				

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification** *(To be completed and signed by employer.)*

A. New Name (if applicable)		B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	5. Native American tribal document
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	<b>For persons under age 18 who are unable to present a document listed above:</b>	8. Employment authorization document issued by the Department of Homeland Security
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**



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160 South Ocean Avenue  
Patchogue, NY 11772  
(631)687-4800  
Fax: (631)687-4830

**NEW YORK STATE RETIREMENT SYSTEM OPTION**

The New York State Retirement and Social Security Law provides that participants enrolled on a part-time or temporary basis in a Work Experience component where a wage is earned are eligible to join the Retirement System. Since you are a Work Experience participant in a Suffolk County Youth Program, you are hereby given the option to join the New York State Retirement System.

Please be advised that if you decide to join the New York State Retirement System, you will be required to contribute 3% of your wages to the Retirement System which will be subtracted from your salary. If you subsequently withdraw from the Retirement System, you may also withdraw your contributions without waiting until age 62 as long as you have not vested or become eligible for any other benefit from the Retirement System.

**ACKNOWLEDGMENT**

I hereby acknowledge that I have been informed of my rights as an optional member of the New York State Retirement System.

\_\_\_\_\_ I choose **not** to join the Retirement System.

\_\_\_\_\_ I choose to participate in the Retirement System.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant Social Security #

\_\_\_\_\_  
SCDOL Representative

\_\_\_\_\_  
Date

-----  
[       ] Approved

[       ] Not Approved

\_\_\_\_\_  
Administrative Review

DOL-S155 (3/04)

**Robert W. Dow, Jr.**  
Commissioner of Labor

**Steve Levy**  
Suffolk County Executive

**James DiLiberto**  
Workforce Investment Board Chair



# Form W-4 (2009)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____				
<b>B</b>	Enter "1" if: <table border="0"><tr><td>• You are single and have only one job; or</td><td rowspan="3">} . . . . .</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	} . . . . .	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	<b>B</b> _____
• You are single and have only one job; or	} . . . . .					
• You are married, have only one job, and your spouse does not work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____				
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____				
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____				
<b>F</b>	Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____				
<b>(Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)						
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children.	<b>G</b> _____				
<b>H</b>	Add lines A through G and enter total here. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____				
For accuracy, <b>complete all worksheets that apply.</b> <table border="0"><tr><td>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</td></tr><tr><td>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>			• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.	• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	
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• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.						
• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.						

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2009</b>
▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>				
<b>1</b> Type or print your first name and middle initial. Last name		<b>2</b> Your social security number		
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above <b>or</b> from the applicable worksheet on page 2)		<b>5</b> _____		
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$ _____		
<b>7</b> I claim exemption from withholding for 2009, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b> _____				

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

**Employee's signature**

(Form is not valid unless you sign it.) ▶

**Date** ▶

<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)
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## **SUFFOLK COUNTY DEPARTMENT OF LABOR**

### **APPLICANT/PARTICIPANT MEMORANDUM OF UNDERSTANDING**

The following information will provide you with an overview of the services and programs administered by the Suffolk County Department of Labor for which you may be eligible. In addition, this Memorandum serves to advise you that you have certain rights and certain responsibilities as an applicant and participant.

#### **1. EMPLOYMENT AND TRAINING PROGRAMS**

A. The purpose of programs administered by the Suffolk County Department of Labor (SCDOL) is to provide services and activities that increase the employment, retention, and earnings of participants, as well as increase their occupational skill level.

B. 1. Programs Include:

Adult, Dislocated Worker and Youth Programs  
Displaced Homemaker Program  
Public Assistance Programs

2. Services and activities include:

Outreach	Career Counseling
Orientation to the One-Stop System	Labor Market Information
Use of The Employment Center	Career Transition Workshops
Skills assessment	Job Search Focus Groups
Supportive service assessment	On-the-Job Training
Information regarding filing claims for unemployment	Education and Training when appropriate and suitable
Job vacancy listings and job banks	Employer open houses and job fairs
Computers, Internet access, and phone banks	Information on community services
Job search and placement assistance	Follow-up services

*In addition to the above, youth services also include:*

Dropout Prevention Strategies	Leadership Development Opportunities
Alternative Schools	Supportive Services
Summer Employment Opportunities	Adult Mentoring
Occupational Skill Training	Comprehensive Guidance and Counseling
	As appropriate, paid & unpaid work experience including: internships & job shadowing

- C. You agree to fully comply with the program standards and procedures which govern that activity.  
D. You agree to follow the plan developed by you and SCDOL staff.  
E. You must agree to seek employment at the conclusion of the program. If you received education and/or training you must seek training related employment at the conclusion of the program.  
F. You agree to cooperate with all post-program follow-up efforts conducted by our staff counselors.

2. **UNEMPLOYMENT INSURANCE INFORMATION:** If you are laid-off or fired from a wage paying job, you may be eligible for Unemployment Insurance Benefits. You must apply to the New York State Department of Labor to find out if you qualify.

3. **CHARGING OF FEES:** There is no charge to you for any of the services sponsored by the SCDOL. Should any person attempt to charge you money or request any kind of favor from you, report that person to the SCDOL Labor Mediation Unit at (631) 853-6509.

4. **LIMITATIONS ON POLITICAL ACTIVITY:** Participants may neither be involved in political activities during the hours for which they are paid with federal or state funds, nor may they act as a spokesperson for SCDOL Programs at political activities.

5. **LIMITATIONS ON WORK AT RELIGIOUS OR SECTARIAN FACILITIES:** As part of their SCDOL funded activity, participants may not be employed or involved in the construction, operation or maintenance of any portion of any facility used or to be used for sectarian instruction or as a place of religious worship.
6. **DISCRIMINATION COMPLAINT PROCEDURES:** No individual will be excluded from participation in, denied the benefits of, subjected to discrimination, or denied employment in connection with any programs because of race, color, religion, sex, national origin, age, disability, political affiliation or belief or your status as a participant in SCDOL programs. Participation in SCDOL programs and activities shall be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees, and parolees, and other immigrants authorized by the Attorney General to work in the United States. An individual has the right to file at the local, state and federal levels. All complaints of discrimination based on the preceding should be filed within 180 days of the occurrence directly with the Suffolk County Department of Labor's Equal Opportunity Officer by phoning (631) 853-6509 or in writing to Labor Mediation, Suffolk County Department of Labor, P.O. Box 1319, Smithtown, NY 11787. An individual will be offered the choice of resolving the complaint through the customer discrimination complaint procedure or an Alternative Dispute Resolution Through Mediation Process.

A complainant may file a written complaint at:

the state level directly with:

Director  
Division of Equal Opportunity Development  
New York State Department of Labor  
State Office Building Campus  
Building 12, Room 540  
Albany, New York 12240

or at the federal level directly with:

Director  
Civil Rights Center  
United States Department of Labor  
200 Constitution Avenue NW  
Room N4123  
Washington, DC 20210

7. **COMPLAINTS OF CRIMINAL ACTIVITY:** All information and complaints involving fraud, abuse, or other criminal activity shall be reported directly to:

Office of Inspector General  
United States Department of Labor  
Room S-5506  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210  
The telephone hotline number is 1-800-347-3756

8. **ALL OTHER COMPLAINTS:** Complaints regarding disciplinary action, working conditions, payment of wages or other training related matters should be directed to the SCDOL EO Officer at (631) 853-6509. All non-criminal complaints must be made within one (1) year of the alleged occurrence.

Note: If necessary, SCDOL will provide assistance to understand and participate in any complaint process to individuals with special needs (e.g. hearing impaired, Spanish speaking, etc.).

9. **CUSTOMER SATISFACTION:** The Suffolk County Department of Labor is committed to achieving superior standards in the areas of Customer Waiting Intervals, Services Provided, and Quality of Service. Accordingly, you will be surveyed, by phone or mail, and asked to provide comments regarding your experiences with us. Your responses will be used to help us measure our levels of success and to maintain and improve services to our customers.
10. **PUBLIC INFORMATION:** In an effort to inform the general public of the efforts and success of Suffolk County Department of Labor Programs, you may, in the course of your activities with us, be asked to have your photograph taken. By checking yes, you grant the Suffolk County Department of Labor permission to use your experience and photograph for promotional purposes. Yes \_\_\_\_\_ No \_\_\_\_\_
11. **ACKNOWLEDGEMENT:** My signature acknowledges that I have received a copy of this Memorandum of Understanding, understand the information provided, and agree to comply with program requirements in order to continue receiving services.

DATE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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